



# Candidate Statement of Non-Receipt of Contributions and Non-Expenditure of Funds

For Candidates that have not spent or received any campaign funds

Name of Candidate or Officeholder			Phone Number	
Michael L. Binyon			(435)259-1633	
Street Address	Suite/Apartment/PO Box:	City	State	Zip
3057 E Coyote Ct.		Moab	UT	84532
Office	District Number	County	Political Party	
House	55	Multi-County	Democratic	

No Contributions & Expenditures

<b>Type of Report</b> (Check the appropriate box)	
<b>INTERIM REPORTS:</b>	<b>FINAL REPORT:</b>
<input type="checkbox"/> Seven days preceding Party Convention (Required by all candidates)	<input type="checkbox"/> Final Report (Required by all candidates and officeholders as soon as they close campaign accounts)
<input checked="" type="checkbox"/> Seven days preceding Primary Election (Required by all candidates)	
<input type="checkbox"/> August 31st (Required by all candidates)	
<input type="checkbox"/> Seven days preceding a General Election (Required by all candidates)	
<b>YEAR-END REPORT</b>	<input type="checkbox"/> Yes
<input type="checkbox"/> January 10th of every year	<input checked="" type="checkbox"/> No
	Is this report an amendment?

<b>Report Verification</b>	
I, <u>Michael L. Binyon</u>	
Name of Candidate	
affirm that I have <b>received no Contributions and incurred no expenditures</b> for political purposes during this reporting period.	
<u>Michael L. Binyon</u>	
Signature of Candidate	
<u>6/11/2010</u>	
Date	

<b>To File this Form</b>
Mail or deliver to
Lieutenant Governor's Office
Utah State Capitol, Suite 220
Salt Lake City, UT 84114-2325
(801) 538 - 1133
<b>For More Information</b>
Contact the Lieutenant Governor's Office
(801) 538 - 1041
1-800-995-VOTE(8683)
elections@utah.gov

<b>For Office Use Only</b>	
<input checked="" type="checkbox"/> Entered	_____
<input type="checkbox"/> Copied	_____
Date Received	